

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90108 038 ****61.25

DOCUMENT # F98000003713

1. Entity Name

**INTERNATIONAL LEAGUE OF DERMATOLOGICAL SOCIETIES
, INC.**



Principal Place of Business

P.O. BOX 35069
SARASOTA FL 34242

Mailing Address

P.O. BOX 35069
SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2057426**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NICHOLS, BARBARA
5250 AVENIDA NAVARRA
SARASOTA FL 34242**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **PD KATZ, STEPHEN I**
STREET ADDRESS **31 CENTER DRIVE MSC 2350**
CITY-ST-ZIP **BETHESDA MD**

TITLE ☒ Delete
NAME **SD NISHIKAWA, TAKEJI**
STREET ADDRESS **35 SHINANOMACHI, SHINJUKU-KU**
CITY-ST-ZIP **TOKYO, JAPAN**

TITLE ☒ Delete
NAME **D COOPER, ALAN**
STREET ADDRESS **3 WINTON STREET**
CITY-ST-ZIP **WARRAWEE, AUSTRALIA**

TITLE ☐ Delete
NAME **D GIANNOTTI, BENVENUTO**
STREET ADDRESS **VIA DEGLI ALFANI 37**
CITY-ST-ZIP **FLORENCE, ITALY**

TITLE ☐ Delete
NAME **D KAMINSKY, ANA**
STREET ADDRESS **AYACUCHO 1570, 5TH FL**
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **PROF ROBIN MARKS, MBBS**
STREET ADDRESS **ST. VINCENT'S HOSP.**
CITY-ST-ZIP **MELBOURNE, VICTORIA, 3065 AUSTRALIA**

TITLE ☒ Change ☐ Addition
NAME **SECRETARY GEORGE STINGL, MD**
STREET ADDRESS **UNIV. VIENNA MED. SCHOOL, DEPT. DERMATOLOGY**
CITY-ST-ZIP **A-1090 VIENNA, AUSTRIA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residing Phone #

CR2F037 (10/02)